PATENT APPLICATION FEE DETERMINATION RECOR								0 09/933 168					
CLAIMS AS FILED - PART I (Column 1)						ກກ 2)		SMALL TYPE	EN	τιτγ ⊐	OR	OTHER SMALL	
TOTAL CLAIMS			23					RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355		355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		• 3			X\$ 9=			OR	X\$18=	54
INDEPENDENT CLAIMS			5 minus 3 =		· 9			X40=			OR	X80=	160
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=			OR	+270=	
• If	the difference	in column 1 is	ro, ente	r "0" in c	olumn 2		TOTA	ıL.		OR	TOTAL	924	
CLAIMS AS AMENDED - PART II								CARAI		NTITY	OR	OTHER SMALL	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							1. 1	SIMAL				SINALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	. 21	Minus	0	13	=//		X\$ 9	=		OR	X\$18=	
	Independent	. 3	Minus	***	9	7		X40=	-	-	OR	X80=	
`	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		j	+135	=		OR	+270=	
								TO: ADDIT. F			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		AUUII. F	-CE			,70077.722	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	44		=		X\$ 9	=		OR	X\$18=	
	Independent	•	Minus	***		-	1	X40:	=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	=		OR	+270=	
		° °						TO ADDIT. F			OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9	=		OR	X\$18=	
	Independent	•	Minus	•••		=	1	X40:	=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J					+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135			OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write *U* in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter *3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter *3." **The *Visit Number Previously Paid For" (Total or Independent is the highest number found in the appropriate box in column 1.													